

Asrigdara in Ayurved w.s.r. to Menorrhagia: A Review Literature

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ABSTRACT

Ayurveda the ancient Indian medical system, is based on ancient writings that rely on a “natural” and holistic approach to physical and mental health. Ayurvedic medicine is one of the world's oldest medical systems and remains one of India's traditional health care systems. Any abnormality in Rituchakra (menstrual rhythm) leads excessive and irregular uterine bleeding which is known as "Asrigdara" in classical text. The intricate relationship between hypothalamus, pituitary, ovary and endometrial on one hand and the effect of psychology on hypothalamus vis a vis on pituitary and ovaries on the other, makes it difficult to pin point exact abnormality or the cause of the disease. These cases are then labeled as cases of DUB or Asrigdara. Various reports suggest that 30 to 50% of women in the reproductive age group suffer from excessive and prolonged uterine bleeding by various causative factors. Various treatments prescribed in modern medicine like hormone therapy, antiprostaglandins and antifibrinolytic agents etc.

KEYWORDS: Rakta Pradara, Menorrhagia, Raja, Rutukala

INTRODUCTION:

Since the evolution of the life in the universe Women have been placed on extreme workshop place due to her power of Janani. The god has blessed the female with the most valuable gift of motherhood. The preparation of motherhood starts with puberty and ends with menopause. Asrigdara characterized by excessive prolonged menstrual or inter menstrual bleeding and it is described at around 1400BC, which has been described in ancient literature. Hippocrates also wrote on this subject. Any abnormality in Ritucharya (menstrual rhythm) leads excessive and irregular uterine bleeding which is known as “Asrigdara¹”. There is an elaborate description of Asrigdara both in Bhruhatrauees and Laghutrayees. Ayurveda describes in detail Nidana, Lakshana, Prabheda and Samprapti of Asrigdara. The present study is designed to substantiate the theoretical aspects of Nidana and Samprapti of Asrigdara. Menorrhagia is defined as cyclical bleeding at normal intervals, the bleeding is either excessive in amount (>80 ml), duration more than 7 days or both² due to

any clinically detectable, organic system and iotrogenic cause or abnormality in the coordination of hypothalamic pituitary ovarian axis.

Concept of Asrigdara

Ritukala is mentioned as 12 days³ and some other opines that 16 days. It has been given that since the seeds deposited during this period are likely to bear fruit (conception), it is termed as Ritukala⁴. By considering this view, as specific importance is given for conception, and as the time duration is mentioned as 12 or 16 days it might be a description of ovulation. Rakta pradara is a disease manifesting as excessive bleeding per vagina. This disease has been known to mankind since the age of Veda and Purana. Charaka explained Raktapradara as a separate disease with its management in yoni vyapad chikitsa and also explained It as one of the raktapradoshaja vikara⁵ comes under pittavruta apana vayu⁶. Acharya Sushruta explained it as a separate disease entity in shukra shonita adhyaya⁷ in shareerasthana. He also

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mentioned it under pitta samyukta apana⁸. He has also mentioned it in rakta pradoshaja vyadhi⁹. Ashtanga sangraha explained raktayoni¹⁰ and mentioned raktapradara and pradara as its synonyms. Ashtanga Hridaya described raktayoni, but nothing is mentioned about Raktapradara or Pradara¹¹.

Definition

It is the excessive flow of menstrual blood can be entitled as Asrigdara¹². Due to Pradirana (excessive excretion) of Raja (Menstrual Blood), it is named as pradara, and since, there is dirana (excessive excretion) of Asrak (Menstrual Blood) hence it is known as Asrigdara¹³.

General etiology & pathogenesis

Charaka while describing etiology of Pradara stated, the women who consumes excessive Lavana, amla, guru, katu, vidahi (producing burning sensation) and unctuous substance, meat of domestic, aquatic and fat animals, kshara, payasa, dadhi, sukta (vinegar), mustu (curd water) and sura, causes vitiation of Rakta (Blood) due to above causes and the aggravated Vayu carrying these to raja carrying vessels (br. Of ovarian and uterine arteries), increasing the immediate amount of Raja (Artava or menstrual blood). Because of the increase amount of blood, experts of this treatise name it Asrigdara. Since in this condition the excessive fluid is discharged, hence, it is known as Pradara¹⁴.

Acharya Harita says that milk carrying channels of breast in infertile women are filled with Vata hence absence of Milk secretion is found. Besides she also suffers from excessive menstrual bleeding¹⁵. Maharishi Bhela while describing pathological condition states that if Rakta goes to abnormal passage (i.e., genital tract), women suffers from Pradara¹⁶.

Madhava Nidana, Bhavaprakash and Yogaratanakara in their respective texts have mentioned the cause of Asrigdara as, Viruddha bhojana, sura, eating prior to the digestion of previous meal, ajirna, garbhapata, etc¹⁷. Asrigdara is also said to be one of the disorders of blood (shonitaja vyadhi), condition of Pittavrita apanavayu (Apanavayu covered with Pitta), increase in amount of blood (Ati vridhhi of rakta) and complications of yoni rogas.

Classification

Asrigdara is classified under four types i.e., vataja, pittaja, kaphaja and sannipataja in Charak Samhita, Madhava Nidana, Sarangadhara Samhita, Bhava prakasha and Yogaratanakar^{18,19}. Acharya Sushruta despite mentioning all types of Asrigdara under general clinical features did not give any classification and described that the treatment should

be done like raktapitta specific for the dominant dosha²⁰.

General clinical symptoms

The chief symptom is excessive bleeding per vaginum. It is accompanied by angamardana and vedana²¹. If the bleeding is severe, bhrama, chaitanya, trisna, daha, delirium and pallor are also been observed²². Madhava described the rise in temperature as an accompanying symptom²³. Charak described the presence of excessive bleeding as the only symptom²⁴. Madhava Nidana, bhavaprakasha and Yogaratnakar have mentioned that all types Asrigdara has a general feature of Angamardana and Vedana²⁵.

Treatment

1. Nidana Parivarjana.
2. Just like Rakta yoni, here also haemostatic drugs should be used giving due consideration to the association of doshas, diagnosed on the basis of colour and smell of the blood²⁶.
3. Treatment prescribed for Raktatisara²⁷, Raktapitta²⁸, Raktarsha²⁹, Guhyaroga³⁰, and Garbhasrava³¹ is also useful.
4. Use of basti is beneficial³².
5. Virechana cures menstrual disorders³³.

Nidana Parivarjana

Base of all the principles of treatment, it includes identification and abolition of the cause.

1. Aushadh Prayoga:
 - i) Rakta stambhana Chikitsa: In this treatment stambhana and sangrahika drugs are used to stop the excessive flow of blood. Rakta stambhaka drugs can be used in two ways

2. a) Internal use b) External Use

a) Drugs for Internal use: Different preparations of drugs are administrated according to the doshik predominance like Medicated milk, Pastes and powders, Sweet meat orballs, Avaleha, Ghreeta, rasa, vati, Asava, Arista etc can be used.

b) Drugs for External use: Some drugs can use externally like North wards situated root of Vyaghranakhi grown in a sacred place, uprooted during Uttara phalguni Nakshatra and tied in the waist cures Raktapradara³⁴. and some oil like Use of Satapushpa oil in the form of inhalation and massage is beneficial³⁵.

3. Use of Basti: The vitiation of Vata is considered as the main etiological factor of Raktapradara. Since Basti is regarded as the treatment of choice for Vata, so is for Raktapradara. All the three Acharyas give

the concept of Shodhan basti. This should be given during the period of Rutukala. However, during emergency this basti can be used at any time.

4. Use of Virechana: Acharya Kashyapa opines that Mridu Virechana cures menstrual disorders occurred due to deranged Pitta and Rakta. Acharya Charaka had advised to administer mahatikta ghruta as sneha pana for virechana karma in pittaja rakta Pradara³⁶.

Raktavardhaka Chikitsa: This disease creates a condition of anemia in the patient. So, along with Raktastambhana chikitsa, Raktavardhaka chikitsa is also necessary. Various Ayurvedic preparations can be given orally to treat anemia in patients of Raktapradara like Pradarantaka Lauha, Punarnava Mandoor, Dhatri Lauha, Navayasa Lauha, Swarna makshika bhasm etc.

Modern Point of view:

Abnormal uterine bleeding is a significant issue and accounts for 20% of all gynaecological visits. It is a symptom and not a disease. Regular cyclic menstruation results from the choreographed relationship between the endometrium and its regulating factors. Changes in either of these frequently, results in abnormal bleeding. Causes of this bleeding may include neoplastic growth, hormonal dysfunction, reproductive-tract trauma, infection, coagulopathies, and complications of pregnancy. As a result, abnormal uterine bleeding is a common gynecological complaint that may affect females of all ages.

Menstrual cycle irregularities:

Abnormal bleeding may display several patterns. Menorrhagia is defined as cyclic bleeding at normal interval; the bleeding is either excessive in amount (>80 ml) or duration (>7 days) or both. The term menotaxis is often used to denote prolonged bleeding. Metrorrhagia is bleeding of any amount which is acyclical and which occurs irregularly or continuously in between normal cycles³⁷. Frequently women may complain of both patterns, Menometrorrhagia. In some women, the menstrual cycle reduced to 2-3 weeks and remains constant at that frequency called as Polymenorrhoea, if this is associated with excessive flow it will be called as Polymenorrhagia, further when menstruation bleeding is unduly scanty and last for two days it is called as Hypomenorrhoea. Normal menstruation typically occurs every 28 days \pm 3 days. Cycles with intervals longer than 35 days is describing as a state of Oligomenorrhoea³⁸. Finally, the term Withdrawal bleeding refers to the predictable bleeding that often results from abrupt progestin cessation.

Incidence: Abnormal uterine bleeding affects 10 to 30 percent of reproductive-aged women and up to 50 percent of perimenopausal women.

Clinical evaluation: Initially, the site of uterine bleeding must be confirmed because bleeding may also come from the lower reproductive tract, gastrointestinal system, or urinary tract. This is more difficult when there is no active bleeding. In these situations, urine analysis or stool examination may be helpful adjuncts to a thorough examination.

Treatment- Women require rapid, safe and effective treatment for their menstrual problems. First –line treatment should always be medical in those with no obvious pathology. DUB can be managed with General Management, Medical management (a) Non – hormonal methods (b) Hormonal methods, Surgery.

Discussion

One of the most important factors for a healthy progeny is Shudha artava. Excessive uterine bleeding during menses or intermenstrual periods is referred to as Asrigdara. It has been linked to uterine hemorrhage dysfunction. Asrigdara and its consequences are treated with herbal ayurvedic medications like. Raktastambhak, Raktasthapak, Dipan, Pachan, Bruhan. Different preparations of drugs are administered according to the doshik predominance like Medicated milk, Pastes and powders, Sweet meat orballs, Avaleha, Ghreeta, rasa, vati, Asava, Arista etc can be used to treat Asrigdar.

Conclusion-

A normal phenomenon of artava reflects the general health of the female. Asrigdara is a disorder by which many women get affected in their life. Asrigdara can be considered as Menometrorrhagia on the basis of different signs and symptoms. We can provide symptomatic relief by advising rest, assurance and symptomatic handling. We can use the drugs that are having properties like Kashaya rasa, shotha har and Raktavardhak in the management of Menometrorrhagia. In modern, treatment is based on hormone replacement therapy and surgical interventions with their own complication. Ayurvedic management can be recommended as a safer and effective management of Abnormal uterine bleeding.

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